

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/560582 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4			1			
5				2		
6						
7			1			
8						
9						
10						
11			1			
12						
13						
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16			1			
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50						
TOTAL IND.			6			
TOTAL DEP.		←	14	←	←	←
TOTAL CLAIMS		↓	20	↓	↓	↓

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		↓	20	↓	↓	↓